


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754133**  
 1. Entity Name  
**CARRON HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4600 S OCEAN BLVD**                      **4600 S OCEAN BLVD**  
**HIGHLAND BCH, FL 33487-5390**      **HIGHLAND BCH, FL 33487-5390**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-2209122</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**8. Name and Address of Current Registered Agent**

**HILDRETH, ROBERT**  
**4600 S OCEAN BLVD**  
**HIGHLAND BEACH, FL 33487**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE, DONALD 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, NORMAN 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILDRETH, ROBERT 4600 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKELMAN, JACK 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKAS, JUDITH 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/08-80013-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bob Hildreth*      1-15-08      561 395 9334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #